

N C Department of Labor Elevator Bureau 1101 Mail Service Center, Raleigh, NC 27699-1101

INSPECTION REPORT

IMPORTANT: Always use State Number in any correspondence relating to your equipment www.nclabor.com/elevator.htm 919-707-7927 Report Number 11101-48-3127 State Number 19014

| EQUIPMENT INSPECTED | | | | | | |
|-----------------------------|--------------------|-------------------------------------------------------------|----------------------------------|----------------------------|---------------------------|----|
| State Number: 19014 | | Type of Unit: P | Type of Unit: Passenger | | Floor to Floor: G to 3 | |
| Capacity: 3000 | | Manuf: THYSS | SEN KRUPP | Speed: 125 | | |
| Landings: 4 Installed | | | /2000 | Rope Size: | | |
| Volts: 208 | | Complied: 03/1 | Complied: 03/15/2000 | | Entrances: 1 | |
| OWNER | | | OCCUPANT | | | |
| CAM ISLANDER RESORT | | | | SORT | | |
| P.O. BOX 8126 | | | #1 BECKY ST | | | |
| OCEAN ISLE BEACH, NC, 28469 | | 69 | OCEAN ISLE BEACH, NC, 28469 | | | |
| | | | INSPECTION INFORMATION | | | |
| Inspection Date 04/11/2011 | | Type Inspection Routine | Certificate Status Re-issued | Inspector 48 - Martin | County BRUNSWICK | 10 |
| | | | VIOLATIONS | | | |
| 2.27.1.1.2 | | Put the in car emergency telephone in proper working order. | | | | |
| 2.26.12 | Provide B | Provide Braille where needed. FL 2 | | | | |
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| | | (01/0011 | | | | |
| | corrected by: 05 | | | | | |
| Notify the Elevato | or Bureau in writi | ng on Corrected Violations For | m when the following corrections | have been made in order to | bring your equipment into | |

To make changes to the invoice mailing address please call: $919\mbox{-}733\mbox{-}0372$

THIS IS NOT AN INVOICE

complainace with current codes.

Violations pointed out to: UNAVAILABLE

An invoice will be mailed to: P.O. BOX 8126

OCEAN ISLE BEACH, NC, 28469

Inspector ___